	OR CERTIFICATE OF CORRECTION
DATE : 5/17/07	Paper No.:
DATE : $\frac{5}{17/07}$ TO SPE OF : ART UNIT $\frac{1652}{1652}$	• • • • • • • • • • • • • • • • • • •
SUBJECT : Request for Certificate of Con	rrection on Patent No.: 70565/3
A response is requested with respect to the	e accompanying request for a certificate of correction.
Please complete this form and return with file, within 7 days to:  Palm location 7580, Certificates of Correction Branch – South Tower – 9A22  If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS.  With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, should the scope or meaning of the claims be changed.	
Thank You For Your Assistance	Certificates of Correction Branch  Tel. No. 703-308-9390 ext. 114
The request for issuing the above-ide	
Note your decision on the appropriate box.	entified correction(s) is nereby:
Note your decision on the appropriate box.  • Approved	All changes apply.
	•
☐ Approved	All changes apply.
☐ Approved ☐ Approved in Part	All changes apply.  Specify below which changes do not apply.
□ Approved □ Approved in Part □ Denied Comments:	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
<ul><li>□ Approved</li><li>□ Approved in Part</li><li>□ Denied</li></ul>	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
□ Approved □ Approved in Part □ Denied Comments:	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
□ Approved □ Approved in Part □ Denied Comments:	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.
□ Approved □ Approved in Part □ Denied Comments:	All changes apply.  Specify below which changes do not apply.  State the reasons for denial below.

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